Northern Counties Association for the Blind

Registered under the Blind Persons Act, 1920.

THE MENTALLY-DEFECTIVE BLIND

Address delivered by

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Northern Counties Association for the Blind.

Council Chamber,
TOWN HALL,
SHEFFIELD, ENGLAND.

Wednesday,
December 10th, 1930

THE MENTALLY-DEFECTIVE BLIND.

THE special type of afflicted person your Association has asked me to speak of this afternoon is but one example, out of many, which provide difficulty for all those of us who are concerned with the placing of different varieties of crippled persons in suitable schools, homes or institutions, or in suitable vocations. He is, in fact, but one type of person who has what is called a "multiple defect" or "combined defect." Social work in the particular form of provision for afflicted children or adults has now reached a stage at which we can with some confidence say that, when the child or adult concerned has a single defect, we can, as a general rule, find some suitable and more or less adequate way of dealing with him. I do not assert that of all parts of the country this is strictly true, but we, at least, know exactly what is wanted for each type from the experience of areas where such provision has been made.

A blind person can usually be provided for: so also a deaf person: a cripple in the more usual sense of the word can usually be dealt with in some hospital, in the most advanced areas in an orthopaedic hospital, and he can usually, in addition, have such after-treatment and after-care as is required, while the questions of vocational training and the finding of work for him are in many areas well in hand. An epileptic also can usually be found a place in an Epileptic School or Colony. A mentally defective child, if educable, can be dealt with in Special Schools, Day or Residential, and is so dealt with in many areas; if ineducable—well, here, one has to admit, provision is still utterly inadequate, although we know the general lines along which provision should be made.

The child or adult, however, who unfortunately has a double or even multiple defect, falls between two stools. A type that frequently comes under my own notice, for example, is the cripple

who suffers from spastic paralysis, and who is approximately in 18 cases out of 20 mentally defective. We have in Manchester a Day Cripple School, to which a fair number of such cases are admitted ; educationally, they are hopeless and a drag upon the School, but we cannot admit them to the Day Schools for Mentally Defective because of their paralysis. In the same way, the Blind Mentally Defective is a drag upon a Blind School for normal children, even if he is an educable defective, while he would not be eligible for either a Day or Residential Special School, because of his blindness. And a similar position arises when epilepsy is an added complication of other defects.

I need not multiply examples. This afternoon we are concerned only with this one type, the Mentally Defective Blind person. First of all then, we must have some clear conception of what we mean by a Blind Defective. I need not waste your time in discussing the special difficulties of a blind person ; you are all, I may assume, full of knowledge of the Blind. But it may, perhaps, be desirable to say a few words about the Mentally Defective. Some of you, at least, may not have had much experience in connection with Mental Deficiency.

Let it be made quite clear, in the first place, that Mental Deficiency has nothing to do with Lunacy. The lunatic is a person who has been more or less normal, and whose mind through some cause becomes deranged. The Mentally Defective has never been, is not, and never will be normal. He possesses an undeveloped brain, a brain which lacks the normal number of cells, many of which are imperfectly formed ; consequently the mind does not develop normally. In physical stature as an adult he may (or may not) be grown up, but his mental stature is that of a child. If we trace his development from infancy, we find that we can best describe him by saying he is always late. He does not sit up or walk or talk at the age that normal children do. He does not take notice so early as the normal infant does, and when he does begin to notice, what he notices makes very little permanent impression, and throughout his life he remains incapable of anything that can be called concentration. His attention is difficult to get and difficult to hold. When he does begin to talk, he is slow in obtaining mastery of the articulation of the different sounds. When he goes to school, his progress is slow. Yet, all Mentally Defectives are not alike ; some are stolid and obviously dull, even to the unskilled eye, but others are bright and vivacious on the surface, take quick notice of anything that takes place, but it is all on the surface, nothing makes any real impression. Like the bee " they flit from flower to flower," but, unlike the bee, they gather no honey. These

children are often described by their parents, and even by the family doctor, as having "too active a brain." Memory too, is weak: they may remember episodes of their own lives years back and may repeat hymns and catechisms and even multiplication tables with a glibness which convinces their parents of their normality, if not of their genius, but they have no logical memory, and can never remember anything that matters. Reasoning, except of the very simplest kind, is quite beyond even the best of them.

To recapitulate then, the Mentally Defective looked at from the developmental side is always late, and he remains late all his life. The degree of his lateness may vary; he may in walking be only a few months late or several years; in talking he may be from six months to many years late. I have seen a child who could not sit up at eight years, nor stand up at 14; at the other extreme, a child undoubtedly feeble-minded may be walking at 15 months and talking at two years.

There are, then, all degrees of defectiveness, and I am going to extend this idea still further, for I want to make it clear that no hard and fast line can be drawn between the defective and the normal: judging people purely on the grounds of intelligence, we can say that all degrees of intelligence exist in the population. If you examine, say, 1,000 persons on a scale of intelligence tests, you find that while the great majority will achieve a percentage nearly normal (100), say between 80 and 120, you will find all varieties from 20 and even less up to 160 or even higher. And so, on grounds of intelligence, you can divide humanity up into a number of classes: the genius, the supernormal, the normal, the subnormal and dull, and finally the defective, divided into the three recognised types of the feeble-minded, the imbecile and the idiot. It is true, of course, that mental deficiency may show itself more as a defect of character, manifesting itself in delinquencies or even crime, or, if not those, at least in difficulties of temperament, but to-day we are concerned more with the "intelligence" aspect of the question and may leave these other considerations aside.

So far I have been speaking of defectives who have vision. When blindness is superadded, new difficulties arise. For, obviously the effect of blindness is to shut off from the brain of the blind person all those sense impressions that reach the brain through the eyes in the normal sighted person. And we know that a brain which does not receive such impressions will not develop normally. Just in the same way that if a baby were born physically perfect, but were given no food, his body would soon cease to function; so a brain suffers which does not receive the stimulus that it ought to receive from the outside world. And

the whole brain is affected, not merely the part that we know first receives the impressions from the eyes, for every one part communicates with every other part, so that the whole brain suffers. Every blind person, therefore, may be said to suffer in a sense from a mental defect, his brain cannot develop normally like that of a sighted person, and the whole aim of normal blind education is to provide some substitute for that lack of normal stimulus through the eyes and so try to encourage the brain to develop. I suppose the old saying " that the other senses of a blind man are always more acute than normal "—I am not very sure of its universal truth—points to the fact that Nature herself has to compensate for the lack, Nature, that is, in the form of intelligence—a sort of life-force actively at work seeking a solution to a difficulty.

Let us suppose, however, that in an individual Nature in the form of intelligence is to a greater or less degree lacking—that besides the blindness, there is an intelligence that is dull, sub-normal, or even defective. The difficulty then, is going to be much greater ; for recollect, an intelligence that is dull will always be dull ; one that is defective always defective ; it is a fault in structure which no medicine, no training, can remove. Some training and education is, of course, possible, except in the lowest grades, but always within limits. The blindness makes the mental dulness or defect appear greater than it otherwise might be ; a blind child who, had he had sight, might only have been reckoned dull, may be, because of his blindness, really deficient. His defect is only partially in his native inborn intelligence, it is partially secondary to his lack of sight.

We are now approaching the heart of our subject, but there is just one more point before I speak more definitely of what may be done for the Blind Mentally Defective. It is partly a legal point, and partly educational. There are two Acts of Parliament dealing with the Mentally Defective, one the Mental Deficiency Act proper which is concerned chiefly with the lower grades of defective intellectually, the defective, that is, who is, or is going to be, a social failure in the outside world, who cannot possibly stand on his own feet and make his living and hold his own in the struggle of existence—the idiot, the imbecile, the low-grade feeble-minded. (Again, I am leaving out of account the Mentally Defective whose chief characteristic is his abnormal behaviour, who often is, by the way, relatively intelligent). I am speaking, in short, of the ineducable defective, who is really the care of the Board of Control. The other Act is the Education Act, which provides for the education in special schools by special methods of mentally defective children of the feeble-minded grade, medium or higher—these are the " educable " cases. This broad

distinction between " educable " and " ineducable " cases, cases of the Board of Education and cases of the Board of Control, is one which must be kept constantly in the minds of those who have anything to do with whatever provision it may be proposed to make for Blind Mentally Defective children.

That is really the first problem on which a decision has to be made when you begin to formulate a scheme for dealing with Blind Defectives. Are you going to provide both for the blind educable defective and for the blind ineducable defective ? For the two problems are different. It is true, of course, that the two classes are not sharply defined from each other, and one must also grant that in many cases it is at first difficult—more difficult than it is with seeing children—to determine to which of these classes an individual child belongs. But there is a broad distinction between the two classes, with educational, legal and administrative points depending upon the distinction.

Let us consider, however, now whether it is possible to obtain some idea of the size of the problem we are trying to deal with. Your Secretary has very kindly supplied me with some figures. The Northern Counties Association knows of 468 blind Mentally Defective persons in the Northern area, of whom only 42 are children under 16. Now I feel almost certain that this last figure of 42 children under 16 is much below the real number. It is, as a rule, not difficult to determine that a person is Mentally Defective, whether blind or seeing, by the time he or she is 16, but in the earlier years of childhood it is not nearly so easy, and as a Certifying Officer myself, I confess I should hesitate a considerable time before definitely certifying as defective a blind child, unless it was a very obviously low-grade case. Mrs. Cowley suggests as an explanation of the small figure that Education Authorities probably register Blind Mentally Defective children as Mentally Defective, and say nothing about the blindness ; that may account for some, but I think it is equally likely that many Blind Mentally Defective children are registered as blind, and nothing is said about the mental defect. If this is so, we might then expect to find in the ordinary Blind Schools a certain number of defective children, and this expectation is confirmed by figures.

An enquiry made by your Association into the number of subnormal children in eight Blind Schools—and the subnormal will, of course, include the defectives—showed that 33 children at present in the schools were subnormal, and that 37 others had left or been discharged in the last five years. This enquiry further elicited the fact that, out of the 33 now in school, 14 were ineducable. Now I feel practically certain that I shall be right in asserting that if there are 14 ineducable defectives in your

schools, there are more than 19 others who are subnormal. There is a fairly constant proportion of the different grades of defect in the population, and if there are 14 ineducable defectives, you may fairly safely reckon that there are about 45 educable defectives, and you still have to add to these the dull group to obtain the total number of subnormals.

The figures may be analysed in another way. The 33 subnormals reported were out of a total of nearly 500 children in the Blind Schools included in the enquiry. The percentage of subnormals in the general population is, however, usually reckoned as 10, and as blindness itself may be a cause of subnormal intelligence, we may safely surmise that it must be larger in the blind population. Ten per cent. would give a total of 50 subnormal children, and we shall probably be safe in assuming that the real number is between 60 and 70, if not more.

In a League of Nations Report for 1929 on the Welfare of the Blind, it is stated that 4·3 per cent. of the Blind in England and Wales are mentally defective. This is much higher than the percentage in the general population, viz., ·8 per cent, estimated by the Committee which reported last year on the Mental Deficiency problem, and confirms my inferences that the number of subnormals is much greater than has been so far stated. There does, therefore, appear to be reason to think that the problem before you may be rather larger than has been yet realised, and that a first necessity is to make a careful survey of the duller children in the Blind Schools, applying a definite standard of intelligence and attainment all round, and selecting in that way all those children who are really not profiting by the education in the ordinary Blind School. It may be possible that the dull and the bright-grade feeble-minded child may profit sufficiently to justify their remaining in the Blind School provided there is some adaptation of method and material to their sub-normality, but above that grade certainly it seems to me that there ought to be separate treatment. That, however, is a matter on which those who are more familiar with the inside of a Blind School than I am should be able to give guidance.

Now I return to the two different problems presented by the educable and the ineducable cases. The League of Nations Report, to which I have referred, suggests that if a blind person is feeble-minded and without vicious propensities, he is probably best dealt with by an organisation for the welfare of the blind—these, of course, are the educable cases. But if the defect is such that the person requires care in an institution or special guardianship, he should be dealt with by an organisation for the Mentally Defective—these are the ineducable cases. In theory

at least this does seem to be the best method. This last group of cases ought to be notified under the Mental Deficiency Act, and dealt with by the Board of Control, which is the recognised Government Authority under this Act. The trend of recent legislation has been to relegate the certified defective definitely to the Board of Control; previously to 1st April, 1930, many thousands occupied Poor Law Institutions, and we have been assured over and over again that the new Act at last provided the opportunity for these certified cases to be placed under the care of the body which ought to be responsible for them. And I do think that all Mentally Defectives certifiable under the Mental Deficiency Act, whether uncomplicated cases or complicated by blindness, deafness, paralysis, epilepsy, or any other diseased condition, should be the care of the Board of Control. To take blind certified defectives completely under the care of a Blind Organisation is surely to reverse the intentions of recent legislation, and it can only be justified if either this Blind Organisation can provide something in the way of training for the blind ineducable Mentally Defective that the Board of Control cannot provide in its institutions, or if the accommodation at the command of the Board of Control is so inadequate that only a small percentage of the ineducable Mentally Defective can be provided for. Now, that the latter is true, all who are concerned with the Mental Deficiency problem know only too well; if you read the Annual Report of the Board of Control you will realise how inadequate is that provision. Whether a Blind Organisation can give something distinctive to the blind ineducable Mentally Defective is still to be found out, and is already being gradually found out at the Ellen Terry Home at Reigate, but I think that on grounds of lack of other accommodation there is certainly some justification *at the moment* at least for a Blind Organisation making some kind of provision for the blind ineducable Mentally Defective. The Board of Control should, however, be responsible for these cases. At Reigate I understand that this is so.

In the last Annual Report of the Ellen Terry Home that I have been able to obtain—that for 1928-29—I notice that an annexe is being built in the grounds of the Home for these cases by arrangement with the Board of Control, which has approved the plans, and no doubt some similar arrangement could be made in the North.

So much for ineducable cases. But what of the educable? When one turns to the Report of the Ellen Terry Home one begins to wonder where the educable cases are. It is quite obvious that that Home is receiving up to the present far more of the ineducable or nearly ineducable blind cases than of the educable.

The Medical Officer tells me that, while they admit both Board of Education cases and Board of Control cases, and while in theory these ought to be different in type, they are in practice nearly the same type and standard of child. This means, of course, that Education and other Authorities dealing with children are sending to this Home cases below the educable and special school standard. This policy is not altogether blameworthy, for, after all, one does want to give the benefit of the doubt to a child, and with a blind child there is a definite reluctance to certify under the Mental Deficiency Act; a certificate under the Education Act is less permanent in its results. But it is unfortunate for a Home which, established to deal with all grades, finds itself chiefly dealing with the lowest and the least promising types, the least likely to show results of value, and I cannot think that the Board of Education can be altogether satisfied with the position.

On the whole, the impression I derive from the figures given to me and from the information I have received from the Ellen Terry Home, is that most of the educable Mentally Defective children are actually now in Blind Schools for normal children. It seems to me that if it is acknowledged that there are 14 ineducables there already, it is a practical certainty that the educables are. We shall all agree that the 14 ineducables should not be there and should be provided for in some other way. But what of the educables ? Can they be said to be profiting by the education they are now given ; or would it be worth while to make special provision for them ? Now, so far as seeing children are concerned, I think the vast majority of those who have experience of special schools agree that it is of advantage for the educable Mentally Defective child to be taken from the ordinary school and given special training. Having had the opportunity to watch from year to year the development of educable Mentally Defective children, some of whom were having special training and some not, I am convinced that the case for special education is complete, and it seems to me that with blind children the case must be even greater.

If, then, that is agreed upon, these cases should be combed out of the ordinary Blind school and will form a nucleus for a new Blind Mentally Defective School, and for these you can provide definite education. For the Board of Control cases proper, education in the ordinary sense is out of the question ; we call them " ineducable," but they can be trained in a limited way. That training will have to be directed towards the very simplest acquisitions, muscular balance, training to walk, to speak, training in clean habits, and so on, and it will be a training attended by much discouragement, requiring infinite patience and

individual attention. A few sentences from the Report of the Ellen Terry Home will indicate the sort of training required :—

> "When they come to us the first movements we teach are those of dressing, washing and feeding, a long and laborious business in some cases. Lifting various small weights gives the children muscular sense, and simple eurhythmics give them poise and help to balance their often inco-ordinated movements. We train the ear sense, and here most of the children are acute, but some need educating to enable them to recognise sounds. They listen to the song of the birds, and to animal noises, and get to recognise them. . . . . Later comes modelling and arrangement of different sizes of beads and other simple devices. A few are able to learn knitting, one does chair-caning . . . . . We shall continue to watch each child and give him the best opportunity we can and try every new method of training."

The training of this type of child will require large staffs, owing to the helplessness of the children, due not only to their blindness, but to their mental retardation, and, therefore, expenses are bound to be relatively high.

One more point. It is even more important in the case of Blind Mentally Defective children than it is in that of blind normals that some kind of training should begin very young. As you very well know, a child afflicted in this way has everything done for it by the mother ; such limited capacities as he has are not developed and made use of as they might be. The Medical Officer of the Ellen Terry Home says that some children admitted at two years of age and thought then to be hopeless low-grade cases turned out, under a training directed towards the eliciting of their latent capacities, to be higher-grade than was originally thought. Left to the well-meaning but ill-directed training, or no training, of a mother, such capacities might have remained latent, and would at a later stage have been elicited with much greater difficulty, or perhaps not at all. It is an actual fact that capacities not made use of at the time when they should normally begin to function, may atrophy altogether. Admission early, then, seems advisable, only it may not at such an early age be possible to classify definitely as educable or ineducable.

Classification by the age of seven in cases admitted very young should be reasonably reliable, so that cases for whom the Board of Control should assume partial responsibility can be selected. But classification at almost any age on admission when there has been no previous training, will, as a rule, be

difficult, and it is because of this difficulty that cases sent in as "educable" so often prove to belong in reality to the "ineducable" class. This practical difficulty, it appears to me, makes it almost impossible to provide separately for "educables" and "ineducables." An institution established to train the former class only would very soon discover that it was dealing in large part with the latter.

Summarising, then :—

1. A first necessity is a reasonably accurate census of cases and an approximation to a classification into educable and ineducable cases—that is, Board of Education cases and Board of Control cases.

2. An answer to the question: Should educable cases receive special education, or are they adequately trained in existing institutions for Blind normal children ?

3. Should ineducable cases be left to the Board of Control or dealt with by a Blind Organisation by arrangement with that Board ?

4. Should educable and ineducable cases be dealt with in one home, or two separate homes ?

and 5. There is the further question which I have not touched, of what provision will be necessary for each class after school age. The ineducable cases undoubtedly need institutional provision for life, and the same will be true of a certain proportion of the educables. For educable cases a training extending beyond the age of 16 will obviously be required.

These are some of the questions you have to think about, and while I may have indicated my own views on most, I do not wish to appear dogmatic, and recognise fully that there may be other points of view. What has been said may, at least, provide a basis for discussion, and that is really all that I have intended to do to-day.

Further Copies of this Report may be obtained on application to the Secretary of the Northern Counties Association for the Blind Mrs. Ida M. Cowley, M.A., 274, Deansgate, Manchester.